

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that	<i>(full name of child)</i>
be given the following medication	<i>(name of medication as on packaging)</i>
Dosage	
at the following times during the day	
Expiry date of medication	<i>(as on packaging)</i>

The above medications have been prescribed by the family doctor. They are clearly labelled indicating contents, dosage and child's name.

In the case of long-term medication, I understand that it is my responsibility to ensure that the medication kept in school is within its expiry date.

Signed: _____ (parent/carer)

Address: _____

Date: _____

NOTE: Medication will not be accepted in the school unless this form is completed and signed by the parent or legal guardian of the child and the administration of the medicine is agreed by the Headteacher. The Headteacher reserves the right to withdraw this service.

TO BE COMPLETED BY THE MEMBER OF STAFF WHEN THE MEDICINE HAS BEEN ADMINISTERED

	DATE	INITIALS		DATE	INITIALS
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		

IN THE CASE OF LONG TERM/ON-GOING MEDICATION:

End date (if known)	
Time of day	
Storage instructions	